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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application Number	To Be Assigned
Filing Date	September 25, 2006, herewith
First Named Inventor	DAFNI Etzion
Title	APPARATUS AND METHOD OF
Art Unit	
Examiner Name	
Attorney Docket Number	GOL616.239514

I hereby appoint:

 Practitioner(s) associated with the Customer Number:

054042

OR

 Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my attorney(s) or agent(s) to prosecute this application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-indicated Customer Number:

OR

 The address associated with Customer Number:

054042

OR

firm or individual Name	Wolf, Block, Schorr and Solis-Cohen LLP			
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Address	10th Floor			
City	New York	State	New York	Zip
Country	US			
Telephone	212.883.4983	Fax	212.672.1192	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement in under 37 CFR 3.73(c) is enclosed. (Form PTO/SB/52)e-Mail: [wdippert@wblblock.com](mailto:wdippert@wblblock.com)

## SIGNATURE of Applicant or Assignee of Record

Name	GMT Medical Technologies LTD, of HaCarmel st., Structure 7 building 2, Yokneam Ilit, Israel		
Signature			
Date	Sept 16, 2006		
	Telephone	+972 4 8566251	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if there more than one inventor is required. See Note.

 \*Total of \_\_\_\_\_ items are submitted.

This application for trademark is required by 37 CFR 1.31 and 1.33. The registration is required to obtain or retain a benefit by the public which is to be gained by the use of a mark on a service. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete. An average collection of 10 to 12 minutes per response. Estimated burden hours per response: 0.03. This form is required by law. To comment on the collection gathering, preparing, and submitting the completed application form to the USPTO. There is no user fee for this submission. To comment on the amount of time you require to complete this form send your suggestion to the Office of the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8787 and select option 2.

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e);  
required)

Attorney Docket Number	GOL616.239514
First Named Inventor	DAFNI Ehud
COMPLETE IF KNOWN	
Application Number	To Be Assigned
Filing Date	September 25, 2006, herewith
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## APPARATUS AND METHOD OF IMPROVED ANGIOGRAPHIC IMAGING

(Title of the Invention)

the specification of which:

is attached hereto

OR

was filed on (MM/DD/YYYY)

03/29/2004

as United States Application Number or PCT International

Application Number CT/IL2004/00282 and was amended on (MM/DD/YYYY)                    (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefit under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 358(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

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The declaration of invention is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to be made available to the USPTO in process of an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. There will only be one submission per application. The estimated average cost of preparation, filing, and maintenance of this application is \$1,250.00. Please direct comments concerning this collection to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION -- Utility or Design Patent Application

Direct all correspondence to:

 The address associated with Customer Number

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OR

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Name

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])

Ehud

Family Name or Surname

DAFNI

Inventor's Signature

Sgt. 16, 2006

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## NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventor.

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Date

Residence: City

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Country

Citizenship

Mailing Address

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State

Zip

Country

 Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/33(A) or 33(R) attached hereto.